

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024114

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 107

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN West PlainsLength of stay in 1b
1 weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION West Plains MemorialInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Ozark

c. CITY OR TOWN Caulfield

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Martha

J.

Moss

4. DATE OF DEATH

Month

Day

Year

July

11

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☒

8. DATE OF BIRTH

1/23/1891

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Ozark County, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Curtis Casey

13b. MOTHER'S MAIDEN NAME

Jennie Carroll

14. NAME OF HUSBAND OR WIFE

William H. Moss, Dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Curtis Moss, West Plains, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolus

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Fracture Cervical Vertebra

DUE TO (c)

7 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto Accident

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

7 4 '63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Howell County

COUNTY

STATE

MO

21. I attended the deceased from 7-4-63 to 7-11-63 and last saw her alive on 7-11-63
Death occurred at 2:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. H. Moss

22b. ADDRESS

West Plains, Mo

22c. DATE SIGNED

7-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/14/63

23c. NAME OF CEMETERY OR CREMATORY

Elijah Cemetery

23d. LOCATION (City, town, or county)

Elijah, Ozark Co., Mo.

(State)

24. FUNERAL DIRECTOR

Carter Funeral Home, West Plains, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-12-63

26. REGISTRAR'S SIGNATURE

Beatrice Cook

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

JUL 24 1963

JUL 19 1963

JUL 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Leona Carter

Licensed Embalmer, No. _____

4516

P. O. Address _____

West Plains, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.